

city of **NEWPORT BEACH**



benefits

PTEANB

Employee Information Guide

Plan Year 2014

Your Benefits

Your Human Resources Department would like to take this opportunity to communicate important information about the benefits being offered for the 2014 calendar year at the City of Newport Beach. The following information is provided to help you through the open enrollment process.

Open Enrollment Period - The open enrollment period is for you to make necessary choices and/or changes to your 2014 medical election and is **September 16th through October 11th, 2013**.

This is the time of the year to:

- Make changes to your current medical election
- Add or delete dependents
- Waive medical insurance coverage - If you provide proof of other group medical insurance coverage you are eligible to waive coverage under the City of Newport Beach's group medical plan and receive a taxable amount of money for hours worked. To opt out you must complete the City of Newport Beach Waiver of Benefits and Release Agreement form and attach your proof of other medical group coverage. Please note: Proof of other group coverage must be in effect for the duration of the following plan year. **Employees who do not elect a medical plan with the City or provide proof of other group coverage will be enrolled in the lowest cost single coverage plan effective January 1, 2014.**
- Under the Affordable Care Act PTEA-NB members are no longer able to opt-out of medical coverage in its entirety, and are subject to the same rules as full time employees.
- Employees who select health care plans through the health insurance marketplace under the Affordable Care Act will not receive the \$3.75 per hours worked (cafeteria allowance).

Important Eligibility Information

- Eligible dependents include legal spouses and dependent children to age 26.
- **If your dependent becomes ineligible for coverage under the City's plan due to a qualifying event, you must report the qualifying event to the City Human Resources Department within 60 days of the event.** Qualifying events for loss of coverage: divorce, attainment of maximum age limit or otherwise fails to meet the criteria of the plan. **Failure to report the qualifying event within the required 60 days may result in the loss of rights for continuation of coverage (COBRA).** You may also be responsible for premiums and claim expenses paid on behalf of your ineligible dependents.
- **If you acquire a new dependent due to a qualifying event, you must request their enrollment into the City's health plans within 60 days of the qualifying event or wait to enroll them during the next open enrollment period.** Qualifying events are: marriage, birth, adoption or placement for adoption of a child and obtaining legal guardianship of a child.
- If you waive coverage due to other group coverage and later lose that coverage, you must show proof of loss and enroll in one of the City's medical plans within 60 days from the date of the loss of coverage or wait until the next open enrollment period.

IRS GUIDELINES WILL NOT ALLOW EXCEPTIONS TO THESE ELIGIBILITY PROVISIONS.

CalPERS has added the following Health Maintenance Organization Organizations (HMO's) for plan year 2014:

- Anthem Select
- Anthem Traditional
- Health Net Salud y Más
- Health Net SmartCare
- Sharp (Available only to San Diego County residents)
- UnitedHealthcare

Plan information and details can be obtained by contacting CalPERS at 888-225-7377 or at www.calpers.ca.gov.

Prescription Benefit Basics:

Effective January 1, 2014, CVS Caremark will administer the pharmacy benefit for:

- Anthem Blue Cross - HMO & PPO (excluding PORAC)
- Health Net - HMO
- UnitedHealthcare - HMO

• Maintenance Choice Program - allows members to pick up a 90-day supply of medication directly from a CVS pharmacy at a time convenient to them. Members will pay their typical mail order co-pay for a prescription on the same day and be able to talk face-to-face with a pharmacist.

• Members are able to save money by choosing "best choice" medications (generics and preferred brands) and 90-day supplies, where appropriate, in the iBenefit personalized mailing program.

Benefits Assistance Information

CALPERS Member Services

<http://www.calpers.ca.gov>

Member Services: (888) 225-7377

PERS Medical Plan	Phone Number	Web Site
Anthem Blue Cross Select HMO/ Anthem Blue Cross Traditional HMO	Member Services: 855-839-4524	www.anthem.com/ca/calpers/hmo
Blue Shield Access+ HMO/ Blue Shield Net Value HMO	Member Services: 800-334-5847 Rx: 800-334-5847 Mail Order - nextRx: 800-293-2202	www.blueshieldca.com
Health Net Salud y Más HMO/Health Net SmartCare HMO	Member Services: 888-926-4921	www.healthnet.com/calpers
Kaiser Permanente HMO	Member Services: 800-464-4000	www.kp.org/calpers
PERSCare PPO PERS Choice PPO PERS Select PPO	Member Services: 877-737-7776 Rx - CVS Caremark: 800-542-0284	www.anthem.com/ca/calpers www.caremark.com/calpers
Sharp HMO	Member Services: 855-995-5004	www.sharphealthplan.com/calpers
UnitedHealthcare HMO	Member Services: 877-359-3714	www.uhc.com/calpers